

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		8-28-01
O.I.P.E. CLASSIFIER		19	9-5-01
FORMALITY REVIEW	1A	361113	9-26-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	3 9 3
1	5 6 4
2	03 03 4
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
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11	✓
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21	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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